

2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
May 25, 2004 8:00 am
Secretary of State

05-25-2004 90001 021 ****61.25

DOCUMENT # N98000003141

1. Entity Name
INSIDE/OUTSIDE, INC.



Principal Place of Business
423 WEST 23RD STREET
JACKSONVILLE, FL 32207

Mailing Address
423 WEST 23RD STREET
JACKSONVILLE, FL 32207



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03092003 Chg-NP CR2E037 (10/03)

4. FEI Number
59-3514414

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

BORLAND, THOMAS P
423 WEST 23RD STREET
JACKSONVILLE, FL 32206

7. Name and Address of New Registered Agent

Name
Goldman, Cathy C.
Street Address (P.O. Box Number is Not Acceptable)
9448 Beauclerc Terrace
City Jacksonville, FL Zip Code 32216

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of, registered agent.

SIGNATURE

Cathy Chadeayne Goldman

5/25/04

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	BARLAND, THOMAS P	
STREET ADDRESS	4140 HODGES BLVD	
CITY-ST-ZIP	JACKSONVILLE, FL 32224	
TITLE	D	<input type="checkbox"/> Delete
NAME	POINDEXTER, CAROLE J	
STREET ADDRESS	7892 BAYMEADOWS WAY	
CITY-ST-ZIP	JACKSONVILLE, FL 32256	
TITLE	HM	<input type="checkbox"/> Delete
NAME	FISHER, JOHNNIE B	
STREET ADDRESS	7915 BELLEMEADE BLVD S	
CITY-ST-ZIP	JACKSONVILLE, FL 32211	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BEVEL, JACKIE	
STREET ADDRESS	1347 SHEARWATER DR	
CITY-ST-ZIP	JACKSONVILLE, FL 32218	
TITLE	T	<input type="checkbox"/> Delete
NAME	JONES, JEAN E	
STREET ADDRESS	1427 MAPLE FON ROAD	
CITY-ST-ZIP	JACKSONVILLE, FL 32207	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CHADEAYNE, CATHY	
STREET ADDRESS	423 W. 23 STREET	
CITY-ST-ZIP	JACKSONVILLE, FL 32206	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Goldman, Cathy C.	
STREET ADDRESS	9448 Beauclerc Terrace	
CITY-ST-ZIP	Jacksonville, FL 32216	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Sec/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Maurer, Charles	
STREET ADDRESS	2749 Grayton Court	
CITY-ST-ZIP	Jacksonville, FL 32244	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Jean E. Jones
Treasurer

5/10/04 (904) 399-8628

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #